

Department of Employee Trust Funds
LOCAL HEALTH INSURANCE ADMINISTRATION MANUAL

CHAPTER 6 — MONTHLY REPORTING – EMPLOYER-PAID ANNUITANTS

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If you already use the automated system for monthly reporting, please refer to Chapter 12 – “Automated Monthly Reporting” instructions in place of this chapter.

601 Definition of Employer-Paid Annuitant

A retiree is an Employer-Paid Annuitant when the employee’s last employer before retirement pays **all** or **part** of the monthly health premium. The employee must be eligible to continue health insurance coverage at retirement based on requirements defined in Subchapter 801. Retirees paying all of the premium—the employer contributes nothing to the premium payment—are not Employer-Paid Annuitants. (Refer to Chapter 8.) After the employer reports these annuitants paying all the premiums on the deletions report, ETF processing moves the employee to annuitant status with the agency.

The portion of the premium, if any, paid by the annuitant must be remitted directly to the employer by the retiree. It is the employer’s responsibility to collect the balance due from the retiree.

602 Overview of Monthly Reports

Each month, the employer must report to ETF the total number of health insurance contracts by health plan for Employer-Paid Annuitants. **These reports are separate from those for active employees.** The employer is required to remit the full premium to ETF for the current coverage month. It is extremely important that the monthly reporting forms are completed accurately to ensure accurate premium remittance. **For information on monthly reports for active employees, refer to Chapter 5.**

To minimize errors, all data on the monthly reports must be either typewritten or legibly printed.

NOTE: **Health plans and the Pharmacy Benefit Manager update eligibility records based on monthly additions, deletions, and change reports. Consequently, these reports must be accurate and complete. For example, an incorrect effective date can lead to difficulties in getting prescriptions filled.**

The monthly reports for Employer-Paid Annuitants consist of the following:

- A. *Group Health Insurance Transfer Report* (ET-1615) - Used to report employees changing from active coverage to Employer-Paid Annuitant coverage. (Refer to Subchapter 603 for instructions on completing the report.) Also used to report Employer-Paid Annuitants who cease to have employer-paid premium contributions. (Refer to Subchapter 607.)
- B. *Monthly Additions Report* (ET-2610) - Used to report new Employer-Paid Annuitant contracts for each health plan. (Refer to Subchapter 502 for instructions on completing the report.)
- C. *Monthly Deletions Report* (ET-2612) - Used to report Employer-Paid Annuitants terminating from each health plan. (Refer to Subchapter 503 for instructions on completing the report.)
- D. *Monthly Changes Report* (ET-2614) - Used to report changes in Employer-Paid Annuitant coverage—single to family and family to single—within each health plan. (Refer to Subchapter 504 for instructions on completing the report.)
- E. *Monthly Coverage Report* - Used to summarize the Employer-Paid Annuitant additions, deletions and changes in coverage within each health plan for that coverage month. Use the form corresponding to the program option in which your employer is currently enrolled. (Refer to Subchapter 604 for a listing of form numbers for the various program options.)
- F. *Health Insurance Summary* - Used to summarize the results of the *Monthly Coverage Reports* for that coverage month. Use the summary form corresponding to the program option in which your employer is currently enrolled. (Refer to Subchapter 605 for a listing of form numbers for the various program options.)

Assemble the reports as described in Subchapter 507 and submit the premium remittance and reports as described in Subchapter 508.

603 Completing the *Group Health Insurance Transfer Report* (ET-1615)

The employer must complete a *Group Health Insurance Transfer Report* (ET-1615) to report an employee changing from active coverage to Employer-Paid Annuitant coverage. The form changes the health insurance status of the active subscriber to retiree status as an employer paid annuitant. THE ENTIRE FORM MUST BE COMPLETED. To complete the form:

- A. Employee Name - (Last, First, Middle Initial)
- B. Social Security Number - The social security number of the employee/annuitant.
- C. Sex (M/F) - The gender of the employee/annuitant.

- D. Birthdate - The date of birth of the employee/annuitant.
- E. Carrier Name - The name of the health plan in which the employee is enrolled.
- F. Carrier Suffix - The two-digit code identifying the health plan (carrier) being reported. It is sometimes referred to as the carrier code or plan suffix code and appears on the *Monthly Coverage Report*.
- G. Transfer To.
1. Employer Name.
 2. Employer Number - The EIN is the number given to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**9999-000**).
 3. Five-digit Group Number - The first digit of the group number is 7, followed by the four-digits preceding the “-000” in your EIN (e.g., **79999**).
 4. Enrollment Type code “50”; identifies the subscriber as having applied for retirement benefits.
 5. Employee Type code “09”; denotes a Local Employer-Paid Annuitant.
 6. Coverage Code - Coverage code identifying single or family coverage and indicating Medicare enrollment if applicable. (Refer to Subchapter 1102.)
 7. Event Date - The date (MM/DD/CCYY) the Employer-Paid Annuitant status begins.
 8. Coverage Report Month - Indicate the monthly report on which the annuitant will be reported as an Employer-Paid Annuitant **addition**.
 9. Coverage Begin Date - Enter the date that the Employer-Paid Annuitant coverage will **begin** as an Employer-Paid Annuitant for this employee. It is important to coordinate the coverage begin date (as it appears on the additions report) with the coverage end date (as it appears on the deletions report) to ensure that a lapse of coverage does not occur.
- H. Transfer From.
1. Employer Name.
 2. Employer Number - The employer identification number (EIN) is the number given to employers by the Social Security Administration, beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**9999-000**).
 3. Five-digit Group Number - The first digit of the group number is 7,

followed by the four-digits preceding the “-000” in your EIN (e.g., **79999**).

4. Employee Type code “06”; denotes a local employee.
5. Coverage Code - Coverage code identifying single or family coverage. (Refer to Subchapter 1102.)
6. Coverage Report Month - Indicate the monthly report on which the annuitant will be reported as an active employee deletion.
7. Coverage End Date - The date through which premiums have been paid at the time the employee retires and ceases to be covered as an active employee.
- I. Payroll Representative Signature - This signature acknowledges the employer completed the form.
- J. Date Submitted (MM/DD/CCYY) - The date on which the form was completed.
- K. Telephone Number - The telephone number of the person that completed the form.
- L. The *Group Health Insurance Transfer Report* has a carrier ply, an ETF ply, and a ply for the employer’s files. The carrier ply should be sent immediately to the health plan, and the ETF ply should be sent immediately to ETF.

NOTE: It is necessary for the employer to report an active employee changing to Employer-Paid Annuitant status by reporting the employee on the *Monthly Deletions Report* (ET-2612) for the active employees and on the *Monthly Additions Report* (ET-2610) for Employer-Paid Annuitants.

Group Health Insurance Transfer Report

Department of Employee Trust Funds
P.O. Box 7931
Madison WI 53707-7931

GROUP HEALTH INSURANCE TRANSFER REPORT

Wis. Stat. § 40.06

This form is to be completed by the employer when a state employee transfers to another state agency/group or when a local employee leaves active employment and starts employer paid annuitant status. Transactions such as changing HMOs or changing from single to family coverage require a new *Health Insurance Application* (ET-2301) and should not be submitted on this form.

Employee Name (Last, First, Middle Initial)		
Social Security Number	Sex (M/F)	Birthdate (MM/DD/CCYY)
Carrier Name		Carrier Suffix

TRANSFER TO

Employer Name		Employer Number 69-036-	Group Number
Enrollment Type	Employee Type	Coverage Code	
Event Date	Coverage Report Month	Coverage Begin Date	

TRANSFER FROM

Employer Name		Employer Number 69-036-	Group Number
Employee Type		Coverage Code	
Coverage Report Month		Coverage End Date	

Payroll Representative Signature	
Date Submitted (MM/DD/CCYY)	Telephone Number

Original - ETF White Copy - Carrier Pink Copy - Employer
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604 Completing the *Monthly Coverage Report*

The *Monthly Coverage Report* is used to summarize the net change in coverage for each reporting month based on the monthly additions, monthly deletions, and monthly changes reports for each health plan in which Employer-Paid Annuitants are enrolled.

NOTE: This section applies to employers who do not have a surcharge (i.e., Surcharge Code is S01). Employers that have a surcharge (i.e., Surcharge Code is S02 – S22) should refer to Subchapter 511 for information about completing the *Monthly Coverage Report*.

MONTHLY COVERAGE REPORT FORM NUMBERS - EMPLOYER-PAID ANNUITANTS

Program Option Code	Program Option Description	Form Number
P02	Traditional HMO/Classic Standard Plan	ET-1657
P03	Traditional HMO/Standard PPP	ET-1658
P04	Deductible HMO/Deductible Standard Plan	ET-1645
P05	Deductible HMO/Deductible Standard PPP	N/A*

*The form number was not available at the time of the printing of this manual.

When completing the *Monthly Coverage Report*, employers should first verify that they are utilizing the correct form for the program option that they are enrolled. To complete the *Monthly Coverage Report*, enter the following information:

- A. Employer No. (EIN) - EIN is the number given to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**9999-000**).
- B. Deduction Month - N/A – Employers may use for internal purposes.
- C. Coverage Month - The month and year for which coverage is being reported.
- D. Suffix - Two-digit code that identifies the health plan (carrier) being reported. It is sometimes referred to as the carrier code or plan suffix code.
- E. Employer Name.
- F. Group No - The first digit of the group number is 7, followed by the four-digits preceding the “-000” in your EIN (e.g., **79999**).
- G. **Line 1, Contracts in Effect Last Month**. Brought forward from Line 6 of the previous month’s *Monthly Coverage Report* for Employer-Paid Annuitants.
- H. **Line 2, Additions Report: (+)** - Post the total counts from the *Monthly Additions Report* (ET-2610) for Employer-Paid Annuitants in the appropriate contract type column. If there are no additions to report, put a dash (-) in the field.
- I. **Line 3, Deletions Report: (-)** - Post in parentheses the total counts from the *Monthly Deletions Report* (ET-2612) for Employer-Paid Annuitants in the

appropriate contract type column. If there are no deletions to report, put a dash (-) in the field.

- J. **Line 4, Changes Report: “To” (+)** - Post the total counts from the “To” column of the *Monthly Changes Report* (ET-2614) for Employer-Paid Annuitants in the appropriate contract type column. If there are no “To” changes to report, put a dash (-) in the field.
- K. **Line 5, Changes Report: “From” (-)** - Post in parentheses the total counts from the “From” column of the *Monthly Changes Report* for Employer-Paid Annuitants in the appropriate contract type column. If there are no “From” changes to report, put a dash (-) in the field.
- L. **Line 6, Contracts in Effect This Month** - Calculate the total number of each contract type by adding the numbers in Lines 1 through 5 of the column, except those numbers in parentheses. Subtract the numbers in parentheses (deletions). Post the total in the appropriate contract type column.

NOTE: Employer-Paid Annuitants must provide notice when they and/or their covered dependents become eligible for Medicare. When notified of Medicare eligibility, the employer should report the change in coverage type on the *Monthly Changes Report*. (Refer to Subchapter 606.)

- M. **Line 8, Subtotals (No. of Contracts x Premiums)** - Calculate the subtotal for each contract type by multiplying the number of contracts on Line 6 by the premium rate for the health plan being reported.
- N. **Line 9, Subtotal** - Enter the sum of the amounts in Line 8.
- O. **Line 10, Adjustments** - Calculate the total net adjustments from the monthly additions, deletions and changes reports by adding the amount from the total line of the additions report, subtracting the amount from the total line of the deletions report and adding/subtracting the amount from the total line on the changes report. The result can be a positive or negative amount. If it is a negative amount, post it in parentheses.

NOTE: ETF will notify the employer via a telephone call, e-mail or memo when an adjustment is needed because of a reporting error. These corrections should be included on the next monthly report, using a copy of the e-mail or memo as a supporting document. No retroactive adjustments will be made for coverage prior to the beginning of the previous calendar year.

- P. **Line 11, Grand Total** - The sum of Lines 9 and 10, remembering to subtract Line 10 from Line 9 if Line 10 is a negative amount shown in parentheses.
- Q. **Line A.** Enter the total Employer-Paid Annuitant share of the premiums.
- R. **Line B.** Enter the total employer share of the premiums.

- S. **Line C.** Enter the sum of Lines A and B. **The amount in Line C must equal the Grand Total on Line 11.** Post the amounts from Lines A, B and C for the health plan on the *Health Insurance Summary* as described in Subchapter 605.

NOTE: For reporting purposes, adjustments must be broken down between the Employer-Paid Annuitant and employer share.

EXAMPLE: An Employer-Paid Annuitant changes from Family to Family 1 Medicare Eligible contract under the Standard Plan: Balance of State. An adjustment for the difference in premiums is required, which would be shown in the "Premium Adjustment" column of the *Monthly Changes Report* for Employer-Paid Annuitants.

1. Using the 2005 rates for Standard Plan: Balance of State, the premium adjustment would be calculated by taking the difference between the Family premium and the Family 1 Medicare Eligible premium.

\$2,242.90 Family
- 1,244.00 Family 1 Medicare Eligible
\$ 998.90 Total Adjustment

2. The *Monthly Coverage Report* requires a breakdown of the employer and Employer-Paid annuitant share of any premium adjustment. In this example, the employer pays 85% of the health insurance premium and the Employer-Paid Annuitant pays the remaining 15%. To determine the Employer-Paid Annuitant/employer breakdown, multiply the total premium adjustment obtained in Step 1 by the corresponding percentage:

Employer Share: $\$998.90 \times 85\% = \849.07
Employer-Paid Annuitant Share: $\$998.90 \times 15\% = \149.83

3. Double-check your adjustment figures for accuracy by adding the Employer-Paid Annuitant share adjustment and the employer share adjustment; the sum should match the adjustment on the *Monthly Changes Report*.

\$ 149.83 Employer-Paid Annuitant Share Adjustment
+ 849.07 Employer Share Adjustment
\$ 998.90 Total Adjustment

4. Make the necessary adjustment to the employee (Employer-Paid Annuitant) and employer share amounts for the appropriate health plan on the *Monthly Coverage Report*.

- T. Date (MM/DD/CCYY) - The date on which the report was completed.
- U. Prepared By - The signature of the person who prepared the report.
- V. Telephone - The telephone number of the person who prepared the report.

- W. Check the box indicating whether the Tiering or 105% method is used for determining the employer contribution share (Refer to Subchapter 302).
- X. Attach the monthly additions, deletions and changes reports for the health plan along with any supporting documentation. Refer to Subchapter 507 for information regarding the assembly of the reports upon completion.

Following is a sample *Monthly Coverage Report*.

Monthly Coverage Report

Employee Trust Funds Group Health Insurance		Employer No. (EIN) 69-036-	Deduction Month	Coverage Month	Suffix
WPE ANNUITANTS TRADITIONAL HMO/ CLASSIC STANDARD PLAN FCM OPT P02 & SRCHG S01 2005 MONTHLY COVERAGE REPORT		Employer Name			Group No.
		Single Contracts	Family Contracts	Single Med. Eligible	Family 2 Med. Eligible
1. Contracts in Effect Last Month:					
2. Additions Report: (+)					
3. Deletions Report: (-)					
4. Changes Report: "To" (+)					
5. Changes Report "From": (-)					
6. Contracts in Effect This Month:					
7. Plan	Suffix				
Standard - Dane	A1	979.40	2392.80	368.40	703.20
Standard - Milwaukee	A2	1060.70	2596.10	368.40	703.20
Standard - Waukesha	A3	1060.70	2596.10	368.40	703.20
Standard - Wisconsin	A4	919.40	2242.90	368.40	703.20
State Maintenance Plan (SMP)	A5	644.40	1545.10	N/A	N/A
CompCareBlue Southeast	.11	519.70	1280.80	415.30	818.30
CompCareBlue Northwest	.13	520.80	1283.50	416.20	820.10
CompCareBlue Northeast	.14	500.40	1232.60	399.90	787.50
Dean Health Plan	.15	367.40	900.10	293.50	574.70
CompCareBlue - Aurora/Family	.16	479.60	1180.60	383.30	754.30
Humana - Eastern	.21	534.00	1316.60	426.80	841.30
Humana - Western	.22	575.40	1420.10	459.90	907.50
GHC - Eau Claire	.30	547.70	1350.80	437.70	863.10
GHC - South Central	.35	378.50	927.80	302.40	592.50
Gundersen Lutheran	.37	505.40	1245.10	308.20	604.10
Atrium Health Plan	.39	577.60	1425.50	461.70	911.10
Unity - Community	.40	459.80	1131.10	367.40	722.50
Prevea Health Plan	.47	478.70	1178.30	382.50	752.70
Health Tradition	.55	503.50	1240.30	402.40	792.50
Medical Associates HMO	.63	431.60	1060.50	305.80	599.30
MercyCare Health Plan	.64	387.10	949.30	309.30	606.30
Valley Health Plan	.65	521.80	1292.80	416.90	825.90
Network - Fox Valley	.70	490.50	1207.80	392.00	771.70
Physicians Plus	.74	379.10	929.30	302.90	593.50
Unity - UW Health	.92	369.20	904.60	294.90	577.50
UnitedHealthcare	.94	419.20	1029.50	334.90	657.50
8. Subtotals (No. of Contracts x Premiums)	8a	8b	8c	8d	8e
A. Employee Share =		(8a + 8b + 8c + 8d + 8e)			
B. Employer Share =		9. Subtotal			
C. Total* (Lines A + B) =		10. Adjustments			
		(Line 9 + Line 10)			
		11. Grand Total*			

* NOTE: Figure entered on line C must equal figure entered on line 11.
** NOTE: Figure entered must correspond to this plan's entry on the summary.

Date (MM/DD/YYYY)	Prepared By	Telephone
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605 Completing the *Health Insurance Summary*

The *Health Insurance Summary* is used to report total premium by employee (Employer-Paid Annuitant) share and employer share, for each health plan summarizing the results of the *Monthly Coverage Reports* for each coverage month.

NOTE: This section applies to employers who do not have a surcharge (i.e., Surcharge Code is S01). Employers that have a surcharge (i.e., Surcharge Code is S02 – S22) should refer to Subchapter 511 for information about completing the *Health Insurance Summary*.

HEALTH INSURANCE SUMMARY FORM NUMBERS – EMPLOYER-PAID ANNUITANTS*

Program Option Code	Program Option Description	Form Number
P02	Traditional HMO/Classic Standard Plan	ET-1655
P03	Traditional HMO/Standard PPP	ET-1644
P04	Deductible HMO/Deductible Standard Plan	ET-1653
P05	Deductible HMO/Deductible Standard PPP	ET-1654

When completing the *Health Insurance Summary*, employers should first verify that they are utilizing the correct form for the program option that they are enrolled. To complete the *Health Insurance Summary*, enter the following information:

- A. Employer Name.
- B. Employer No. (EIN) - EIN is the number given to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**9999-000**).
- C. Coverage Month - The month and year for which coverage is being reported.
- D. Plan - For each health plan in which Employer-Paid Annuitants are enrolled, enter the amount of employee (Employer-Paid Annuitant) share and employer share of the premium and total premium for the contracts for the health plan, as computed on Lines A, B, and C or 11 respectively of the corresponding *Monthly Coverage Report*.
- E. Subtotal Alt. Health - The sum of the amounts entered in each column for the health plans.
- F. Enter the amount of employee (Employer-Paid Annuitant) and employer share of the premium and total premium for the contracts for the Standard Plans and SMP, as computed on Lines A, B, and C or 11 respectively of the corresponding *Monthly Coverage Report*.
- G. Subtotal Standard Health - The sum of the amounts entered in each column for the Standard Plans and SMP.

- H. Grand Totals - The sum of the amounts calculated in the Subtotal Alt. Health and Subtotal Standard Health rows. Enter this amount, which is the total of all plans reported.
- I. Date (MM/DD/CCYY) - The date on which the report was completed.
- J. Prepared By - The signature of the person who prepared the report.
- K. Telephone - The telephone number of the person who prepared the report.
- L. Submit this form along with the other monthly reports as described in Subchapter 507. Include a check for the amount shown in the “Total” column of the “Grand Totals” row - the total premium for all the health plans reported.

Following is a sample *Health Insurance Summary*.

Health Insurance Summary

Department of Employee Trust Funds
801 W. Badger Road, Madison, WI 53702-0011
Wisconsin Public Employers' Group Health Insurance

**WPE ANNUITANTS TRADITIONAL HMO/CLASSIC STANDARD PLAN
PGM OPT 02 & SRCHG S01
HEALTH INSURANCE SUMMARY – 2005**

EMPLOYER NAME		EMPLOYER NO. (EIN) 69-036-	COVERAGE MONTH	
PLAN	SUFFIX NO.	EMPLOYEE SHARE	EMPLOYER SHARE	TOTAL
CompCareBlue Southeast	.11			
CompCareBlue Northwest	.13			
CompCareBlue Northeast	.14			
Dean Health Plan	.15			
CompCareBlue – Aurora/Family	.16			
Humana – Eastern	.21			
Humana – Western	.22			
GHC - Eau Claire	.30			
GHC - South Central	.35			
Gundersen Lutheran	.37			
Atrium Health Plan	.39			
Unity-Community	.40			
Prevea Health Systems	.47			
Health Tradition	.55			
Medical Associates HMO	.63			
MercyCare Health Plan	.64			
Valley Health Plan	.65			
Network - Fox Valley	.70			
Physicians Plus	.74			
Unity - UW Health	.92			
UnitedHealthcare	.94			
SUBTOTAL ALT. HEALTH				
Standard – Dane	.A1			
Standard – Milwaukee	.A2			
Standard – Waukesha	.A3			
Standard – Wisconsin	.A4			
State Maintenance Plan (SMP)	.A5			
SUBTOTAL STANDARD HEALTH				
GRAND TOTAL				

The circled parts of the form may vary,
depending on the form number used.

Date (MM/DD/CCYY)	Prepared By	Telephone
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606 Employer-Paid Annuitant – Medicare Reporting Requirements

The Employer-Paid Annuitant and insured dependents must enroll in both parts of Medicare (Part A Hospital and Part B Medical) when first eligible.

- A. *Medicare Eligibility Statement* (ET-4307) is used to inform ETF of the Medicare effective dates. ETF mails the form to the Employer-Paid Annuitant for completion after qualifying birthday. The form is returned to ETF showing the Medicare effective dates. ETF mails the form to the employer to complete the employer section and submit with the *Monthly Coverage Report*. Return the top (ETF) copy of the *Medicare Eligibility Statement* to ETF. (Refer to Subchapter 802).
- B. Medicare Reporting Requirements
 - 1. Reduce the health insurance premium on the Medicare effective date, which is the date the retiree, or a dependent, is enrolled for both parts of Medicare.
 - 2. Report the change on the *Monthly Changes Report* (ET-2614) prepared for Employer-Paid Annuitants, attaching the carrier copy of the completed *Medicare Eligibility Statement*. (Refer to Subchapter 504.) Attach the *Monthly Changes Report* – indicating premium adjustments if necessary – to the applicable plan's *Monthly Coverage Report* for Employer-Paid Annuitants.

607 Subscriber Ceases to be an Employer-Paid Annuitant

- A. When the employer no longer remits any part of the health insurance premium, the subscriber ceases to be an Employer-Paid Annuitant. The employer must submit a *Group Health Insurance Transfer Report* (ET-1615) to ETF at least two months prior to the date coverage will end as an Employer-Paid Annuitant. This allows sufficient time for ETF to set up the premium payment method. ETF will deduct the premium from the monthly annuity payment unless the premium amount is greater than that monthly annuity payment. In the event the annuity is insufficient to cover the premium cost, the premium payment becomes the subscriber's responsibility.
- B. The employer completes a *Group Health Insurance Transfer Report* notifying ETF the subscriber is no longer an Employer-Paid Annuitant. (Refer to Subchapter 603 for instructions on completing the report.) Return the top two plies of the report to ETF. The third ply is for employer records.
- C. Complete the *Monthly Deletions Report* (ET-2612) and *Monthly Coverage Report* for the designated health plan indicating that coverage for the Employer-Paid Annuitant has been deleted.
- D. The subscriber can pay premiums in one of the following ways: (Refer to Subchapter 804.)

1. ETF will deduct premiums from a monthly retirement or disability annuity, if sufficient to cover the premiums,
2. Directly to the insurance carrier by the annuitant if the annuity is not sufficient; or
3. By converted Wisconsin Public Employers Group Life Insurance. (Refer to Subchapter 804.)